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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	Invention IMMORTALIZED HYPOTHALAMIC NEURONAL CELL LINES			
As the below named inve	As the below named inventor(s), I/we declare that:			
This declaration is directed	ed to:			
	☐ The atta	ached application, or		
		tion No. <u>PCT/CA2003</u>	/000621, filed	on <u>May 2, 2003,</u>
	☐ as a	amended on (if	applicable);	
I/we believe that I/we an patent is sought;	I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;			
I/ we have reviewed are amended by any amendr	I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;			
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application.				
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.				
FULL NAME OF INVENTO	OR(S)			
Inventor one: BELSHA	AM, Denise			
Signature: Quise	DBell	Date Feb 17, 05	Citizen of:	CANADA
Inventor two:	DY, David			
Signature:		Date Feb 16	Citizen of:	CANADA
Inventor three:			·	
Signature:		Date	Citizen of:	
Inventor four:				-
Signature:	-	Date	Citizen of:	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.

7.511591

PTO/SB/82 (09-04)

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Application Number	10/511,591
Filing Date	Nov. 2, 2004
First Named Inventor	Denise Belshem
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	090931-360622(T01367-0038-US)

I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith.					
OR I hereby appoint the practitioners associated with the Customer Number: 27,155					
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 27,155					
OR Firm or	· · · · · · · · · · · · · · · · · · ·				
Individual Name		·			
Address				- (4)	
City		State		Zip	0.
Country					
Telephone	. ,	Fax			
I am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature & Reuse & Bett					
Name DENISE BELSHAM					
Date X App	V 15,05	Telephone	4169	746 F646	· >.
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
T-1	forms are submitted.	•	·		

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PTO/SB/82 (09-04)

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Application Number 10/511,591 Filing Date Nov. 2, 2004 First Named Inventor Denise Belshem Art Unit Unknown **Examiner Name** Unknown

CHANGE OF CORRESPONDENCE ADDRESS **Attorney Docket Number** 090931-360622(T01367-0038-US)

I hereby revoke all previous powers of attorney given in the above-identified application.				
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OR I hereby appoint	the practitioners associated with the	e Customer Number:	27,155	
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 27,155				
OR				
Firm or Individual Name				
Address				
City		State	Zip	
Country		T cov I		
Telephone		Fax		
I am the: Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature				
Name DAVID LOVEJOY				
Date Apri	1 15 2005	Telephone	(A16) 9A6-7259	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
*Total of _2	*Total of2forms are submitted.			

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CHANGE OF CORRESPONDENCE ADDRESS

Application Number 10/511,591 Filing Date Nov. 2, 2004 First Named Inventor Denise Belshem Art Unit Unknown **Examiner Name** Unknown **Attorney Docket Number** 090931-360622(T01367-0038-US)

I hereby revoke all previous powers of attorney given in the above-identified application.					
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OR I hereby appoint the practitioners associated with the C	ustomer Number: 27,155				
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 27,155					
OR Firm or					
Individual Name Address					
Address					
City	ate Zip				
Country					
Telephone	Fax				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record Signature					
Kleuse & FXX					
Date (Day 15 p.5. Telephone 41: OUI WILL					
NOTE: Signatures of all the/inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one					
signature is required, see below. "Tatal of 2 forms are submitted.					

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A Power of Attorney is submitted herewith.					
OR					
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Please change the co	orrespondence address for	r the above-id	lentified ap	plication to:	
The address associated with Customer Number: 27,155					
OR					
Firm or Individual Name					
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Telephone	· **		Fax		
I am the:		L			
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature : A					
Name DAVID LOVE,IOY					
Date April	15 7005		lephone	(A16) C	46-7259
NOTE: Signatures of all the inventors asignature is required, see below	or assignees of record of the entire in	terest or their repre	esentative(s) er	a required. Súbmit n	nultiple forms if more than one
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